## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
28694	nave	its own certificate	or mai	ling or transmission.							
NOVAK DRUCE & QUIGG, LLP 1300 EYE STREET NW SUITE 1000 WEST TOWER WASHINGTON, DC 20005						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
WASHINGTON		Michelle Williams (Depositor's name)									
		My whelle Wille				(Signature)					
					Jun	e 6, 2007				(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY D		RNEY DOCKET NO.	DOCKET NO. CONFIRMATION		
10/708,813 03/26/2004			Thomas A. Chime				98.039.CNUS01	9.CNUS01 2812			
TITLE OF INVENTION: VERTICALLY ENGAGEABLE CARRIER FOOT											
APPLN. TYPE	SMALL ENTITY	ISSU	E FEE DUE	PUBLICATION FEE	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional			\$1400	\$300		\$0		\$1700		06/12/2007	
EXAM	ART UNIT		CLASS-SUBCLASS								
VANTERPOOL, LESTER L 3782				224-321000							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIG	GNEE	(B) RESIDENCE: (	B) RESIDENCE: (CITY and STATE OR COUNTRY)								
THULE SWEDEN AB Hillerstorp, SWEDEN											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government											
4a. The following fcc(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1437 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above)											
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.											
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeecords of the United State	ured) will es Patent	not be accepted and Trademark	l from anyone other t Office.	han the	e applicant; a regis	stered a	ttorney or agent; or the	assigne	e or other party in	
Authorized Signature Summer Date June 6, 2007											
Typed or printed name	Tracy W. Druce			Registration N	o. <u>35,4</u>	93					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.											

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